1A. Continuum of Care (CoC) Identification

Instructions:

The fields on this screen are read only and reference the information entered during the CoC Registration process. Updates cannot be made at this time. If the information on this screen is not correct, contact the e-snaps help desk.

CoC Name and Number (From CoC Registration): MN-509 - Duluth/Saint Louis County CoC

CoC Lead Organization Name: St. Louis County Public Health & Human Services

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1B. Continuum of Care (CoC) Primary Decision-Making Group

Instructions:

The following questions are related to the CoC primary decision-making group. The primary responsibility of this group is to manage the overall planning effort for the entire CoC, including, but not limited to:
- Setting agendas for full Continuum of Care meetings
- Project monitoring
- Determining project priorities
- Providing final approval for the CoC application submission.
This body is also responsible for the implementation of the CoC's HMIS, either through direct oversight or through the designation of an HMIS implementing agency. This group may be the CoC Lead Agency or may authorize another entity to be the CoC Lead Agency under its direction.

Name of primary decision-making group: St. Louis Couty Committee to End Homelessness(CEH)

Indicate the frequency of group meetings: Monthly or more

If less than bi-monthly, please explain (limit 500 characters):

Indicate the legal status of the group: Not a legally recognized organization

Specify "other" legal status:

Indicate the percentage of group members that represent the private sector: (e.g., non-profit providers, homeless or formerly homeless persons, advocates and consumer interests) 64%

* Indicate the selection process of group members:
(select all that apply)

Elected:	
Assigned:	
Volunteer:	
Appointed:	
Other:	X

Specify "other" process(es):

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Open and democratic process

Briefly describe the selection process of group members. Description should include why this process was established and how it works (limit 750 characters):

Members are recruited through public notice. All members complete a written application form based on established criteria for membership. There is an established mix of representatives from various sectors of our community; i.e., Habitat for Humanity, Social Security, NAACP, & non-profit agencies/organizations. Committee to End Homelessness (CEH) reviews and votes to approve each new application. This group reviews HUD APR's monthly in order to assist projects with increasing the outlined goals as well as and report to the Implementation team of the 10-year planning committee.

* Indicate the selection process of group leaders: (select all that apply):

Elected:	X
Assigned:	
Volunteer:	
Appointed:	
Other:	

Specify "other" process(es):

If administrative funds were made available to the CoC, would the primary-decision making body, or its designee, have the capacity to be responsible for activities such as applying for HUD funding and serving as a grantee, providing project oversight, and monitoring. Explain (limit 750 characters):

Since 1996, St. Louis County has compiled an associated application for CoC Homeless Assistance Program funding. In one of those years, 1996, the county had responsibility for serving as the grantee currently. St. Louis County would not have capacity to expand to full administration unless there were sufficient administrative funds that would allow us to hire 1-2 additional full-time staff. We would not be in favor of this approach if it would result in decreased availability of funding for serices. However, we do believe that local oversight would allow for a more cost effective, efficient process giving the CoC expanded ability to monitor and control the overall process.

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1C. Continuum of Care (CoC) Committees, Subcommittees and Work Groups

Instructions:

Provide information on up to five of the CoCs most active CoC-wide planning committees, subcommittees, and workgroups. CoCs should only include information on those groups that are directly involved in CoC-wide planning activities such as project review and selection, discharge planning, disaster planning, completion of the Exhibit 1 application, conducting the point-in-time count, and 10-year plan coordination. For each group, briefly describe the role and how frequently the group meets. If one of more of the groups meet less than quarterly, please explain.

Committees and Frequency

Name of Group	Role of Group (limit 750 characters)	Meeting Frequency
Continuum of Care	The role of the Continuum of Care is to meet monthly throughout the year, continually scanning community needs as it pertains to the HUD SuperNOFA funds. This group reviews and ranks renewal projects through a yearly ranking process and makes a recommendation to the CEH advisory committee. It also coordinates the PIT counts and develops new projects for spare pro-rata and bonus funds through the yearly competition. Each year, this group provides input that is used to complete the Exhibit 1, as well as reporting to the Ten Year Planning committee.	Monthly or more
Committee to End Homelessness	The role of the CEH is the advisory committee for the HUD SuperNOFA and state prevention & homeless assistance funding programs. This group meets monthly to monitor Annual Progress Reports through presentations and yearly HUD goals. The group makes final decisions for designation of funds for HUD and state funds based on recommendations from community groups such as the Affordable Housing & Rural Housing Coalitions and the Implementation team of the 10 year plan.	Monthly or more
Implementation Team	The role of the Implementation team is to monitor the progress and implementation of Heading Home St. Louis County's implementation, to address barriers, and make mid-course corrections. It is also charged with 10 year planning efforts around overseeing fundraising, evaluation and services.The Heading Home Plan is the guide for addressing homelessness in St. Louis County and should be fully integrated with funding activities rather than standing alone. This group of community members will stay apprised to SuperNOFA and state prevention funds yearly processes	Monthly or more
Fair & Rural Housing Coalition - Rural (Virginia)	The role of the Fair and Rural Housing Coalition, is to provide a forum for community providers to discuss available funds, barriers, changing trends, gaps and policy agendas around the entire spectrum of homeless needs in Northern St. Louis County and report them to teh CEH and Ten Year planning committes. This group participates in the statewide PIT survey, HUD Unsheltered counts, and the Implementation team funding priorities. Additionally, members identify relevant trends observed in agencies on a monthly basis. This group also ranks SuperNOFA renewals and new projects and makes a recommendation to the Committee to End Homelessness.	Monthly or more

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Affordable Housing Coaliton - Urban (City of Duluth)	The role of the Affordable Housing Coalition is to provide a forum of community providers to discuss avaialable funds, barriers, changing trends, gaps, and policy agendas around the entire spectrum of housing needs in Southern St. Louis County. This group participates in the statewide PIT survey, HUD Unsheltered counts, and the Implementation team funding priorities. Additionally, members identify relevant trends observed in agencies on a monthly basis. This group also ranks SuperNOFA renewals and new projects and makes a recommendation to the Committee to End Homelessness.	Monthly or more

If any group meets less than quarterly, please explain (limit 750 characters):

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1D. Continuum of Care (CoC) Member Organizations

Identify all CoC member organizations or individuals directly involved in the CoC planning process. To add an organization or individual, click on the icon.

Organization Name	Membership Type	Organization Type	Organization Role	Subpopulations
Minnesota Department of Human Services	Public Sector	State g...	Committee/Sub-committee/Work Group	Seriously Me...
Minnesota Housing Finance Agency	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, A...	HIV/AIDS
Minnesota Ineragency Task Force on Homelessness	Public Sector	State g...	Attend 10-year planning meetings during past 12 months, A...	Seriously Me...
St. Louis County CDBG Advisory Committee	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
St. Louis County Commissioners	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
St. Louis County Planning Department	Public Sector	Local g...	Attend Consolidated Plan planning meetings during past 12...	NONE
St. Louis County Public Health and Human Servic...	Public Sector	Local g...	Lead agency for 10-year plan, Attend 10-year planning mee...	Youth, Serio...
St. Louis County Veterans Service	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	Veterans
City of Hibbing	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
City of Virginia	Public Sector	Local g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Chisholm HRA	Public Sector	Public ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Cook HRA	Public Sector	Public ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Duluth HRA	Public Sector	Public ...	Attend Consolidated Plan planning meetings during past 12...	Seriously Me...
Ely HRA	Public Sector	Public ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Eveleth HRA	Public Sector	Public ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Gilbert HRA	Public Sector	Public ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Hibbing HRA	Public Sector	Public ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
St. Louis County HRA	Public Sector	Public ...	Attend Consolidated Plan focus groups/public forums durin...	NONE

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Virginia HRA	Public Sector	Public ...	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
College of Saint Scholastica	Public Sector	School ...	Attend 10-year planning meetings during past 12 months, C...	NONE
ISD #709 Head Start	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth
ISD #709 Homeless Liaison	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth
ISD #2142 Homeless Liaison	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	Youth, Serio...
Lake Superior College	Public Sector	School ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Duluth Police Department	Public Sector	Law enf...	Primary Decision Making Group, Attend 10-year planning me...	NONE
St. Louis County Sheriff Dept (including jails)	Public Sector	Law enf...	Primary Decision Making Group, Attend 10-year planning me...	NONE
Minnesota Assistance Council for Veterans	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Veteran s
Arrowhead Center	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	Substan ce Abuse
Center for Alcohol/Drug Treatment	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Center for Independent Living	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	NONE
Duluth Bethel	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Human Development Center	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Range Mental Health Center	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Serio...
American Indian Community Housing Organization	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Arrowhead Economic Opportunity Agency	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	Youth, Serio...
Damiano Center	Private Sector	Non-pro.. .	Primary Decision Making Group, Attend Consolidated Plan p...	Seriousl y Me...

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Duluth Community Action	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Duluth Housing Access Center	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Habitat for Humanity	Private Sector	Non-pro.. .	Primary Decision Making Group	NONE
Jefferson Haven Tenant Organization	Private Sector	Non-pro.. .	None	NONE
Life House, Inc	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Youth
Loaves and Fishes	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	Veteran s, Se...
Range Transitional Housing	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Safe Haven Shelter for Battered Women	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Domesti c Vio...
Duluth Boys and Girls Club	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	Youth
Hibbing Food Shelf	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
SOAR Career Solutions	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Veteran s, Su...
Wilder Research Center	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	NONE
YWCA of Duluth	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	Youth, Domes.. .
Churches United in Ministry	Private Sector	Faith -b...	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
The Salvation Army	Private Sector	Faith -b...	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Minnesota Housing Partnership	Private Sector	Fun der ...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Northland Foundation	Private Sector	Fun der ...	Attend Consolidated Plan planning meetings during past 12...	NONE
United Way of Duluth	Private Sector	Fun der ...	Primary Decision Making Group, Attend Consolidated Plan p...	NONE

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United Way of Northeast Minnesota	Private Sector	Fun der ...	Attend 10-year planning meetings during past 12 months, C...	NONE
Legal Aid Services of NE Minnesota - Duluth	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Legal Aid Services of NE Minnesota - Virginia	Private Sector	Non-pro.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	Seriousl y Me...
Minnesota Coalition for the Homeless	Private Sector	Non-pro.. .	Attend 10-year planning meetings during past 12 months, C...	NONE
American Indian Community Housing Organization	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Center City Houisng	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Corporation for Supportive Housing	Private Sector	Fun der ...	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Local Investment Support Corporation	Private Sector	Fun der ...	Attend Consolidated Plan planning meetings during past 12...	NONE
Neighborhood Housing Services	Private Sector	Non-pro.. .	Attend Consolidated Plan focus groups/public forums durin...	NONE
Women in Construction	Private Sector	Busi ness es	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Women's Community Development Organization	Private Sector	Non-pro.. .	Attend Consolidated Plan planning meetings during past 12...	Youth, Domes.. .
Duluth Chamber of Commerce	Private Sector	Busi ness es	Attend Consolidated Plan focus groups/public forums durin...	NONE
Minnesota Power	Private Sector	Busi ness es	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Seaway Hotel of Duluth	Private Sector	Busi ness es	Attend Consolidated Plan planning meetings during past 12...	Seriousl y Me...
Miller-Dwan Medical Center	Private Sector	Hos pita.. .	Attend Consolidated Plan focus groups/public forums durin...	NONE
St. Luke's Hospital	Private Sector	Hos pita.. .	Attend Consolidated Plan focus groups/public forums durin...	NONE
St. Mary's Medical Center	Private Sector	Hos pita.. .	Committee/Sub-committee/Work Group, Attend Consolidated P...	NONE

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Formerly Homeless Male age 47	Individual	Hom eles...	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Formerly Homelss Male age 56	Individual	Hom eles...	Attend Consolidated Plan focus groups/public forums durin...	NONE
Formerly Homeless Male Age 60	Individual	Hom eles...	Attend Consolidated Plan focus groups/public forums durin...	Veteran s
Formerly Homeless Female age 40	Individual	Hom eles...	Attend Consolidated Plan focus groups/public forums durin...	Seriousl y Me...
Bois Forte Band of Minnesota Chippewa Tribe	Private Sector	Othe r	Primary Decision Making Group, Attend 10-year planning me...	Seriousl y Me...
Community Activist Portia Johnson	Private Sector	Othe r	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Community Activist Richard Lee	Private Sector	Othe r	Primary Decision Making Group, Attend Consolidated Plan p...	NONE
Fond du Lace Band of Minnesota Chippewa Tribe	Private Sector	Othe r	Committee/Sub-committee/Work Group	NONE
Housing 1000	Private Sector	Othe r	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Duluth Mayor Don Ness	Public Sector	Loca l g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
City of Duluth American Indian Commission	Public Sector	Loca l g...	Lead agency for 10-year plan, Attend Consolidated Plan fo...	NONE
City of Duluth Community Development	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Duluth Community Development Committee	Public Sector	Loca l g...	Attend Consolidated Plan focus groups/public forums durin...	NONE
City of Duluth Human Rights Commission	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
City of Duluth Workforce Development	Public Sector	Loca l g...	Attend Consolidated Plan planning meetings during past 12...	NONE
Minnesota Teen Challenge	Private Sector	Non- pro.. .	Attend Consolidated Plan focus groups/public forums durin...	Substan ce Abuse

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1E. Continuum of Care (CoC) Project Review and Selection Process

Instructions:

The CoC solicitation of projects and project selection should be conducted in a fair and impartial manner. For each of the following items, indicate all of the methods and processes the CoC used in the past year to assess all new and renewal project(s) performance, effectiveness, and quality. In addition, indicate if any written complaints have been received by the CoC regarding any CoC matter in the last 12 months, and how those matters were addressed and/or resolved.

Open Solicitation Methods:
(select all that apply)
f. Announcements at Other Meetings, e. Announcements at CoC Meetings, c. Responsive to Public Inquiries, b. Letters/Emails to CoC Membership, d. Outreach to Faith-Based Groups

Rating and Performance Assessment Measure(s):
(select all that apply)
b. Review CoC Monitoring Findings, g. Site Visit(s), q. Review All Leveraging Letters (to ensure that they meet HUD requirements), r. Review HMIS participation status, j. Assess Spending (fast or slow), p. Review Match, i. Evaluate Project Readiness, e. Review HUD APR for Performance Results, n. Evaluate Project Presentation, o. Review CoC Membership Involvement, a. CoC Rating & Review Commitee Exists, m. Assess Provider Organization Capacity, l. Assess Provider Organization Experience

Voting/Decision-Making Method(s):
(select all that apply)
a. Unbiased Panel/Review Commitee, d. One Vote per Organization, b. Consumer Representative Has a Vote, f. Voting Members Abstain if Conflict of Interest

Were there any written complaints received by the CoC regarding any matter in the last 12 months?
No

If yes, briefly describe complaint and how it was resolved (limit 750 characters):

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1F. Continuum of Care (CoC) Housing Inventory--Change in Beds Available

For each housing type, indicate if there was any change (increase or reduction) in the total number of beds in the 2009 electronic Housing Inventory Chart (e-HIC) as compared to the 2008 e-HIC. If there was a change, please describe the reasons in the space provided for each housing type.

Emergency Shelter: Yes

Briefly describe the reason(s) for the change in Emergency Shelter beds, if applicable (limit 750 characters):

The Soroptomist Club in Hibbing, MN previously had 1 unit for households with children with 2 beds and 2 units for individuals. These units are now closed and no longer available.

Safe Haven: No

Briefly describe the reason(s) for the change in Safe Haven beds, if applicable (limit 750 characters):

Transitional Housing: Yes

Briefly describe the reason(s) for the change in Transitional Housing beds, if applicable (limit 750 characters):

Two transitional housing programs were closed on January 28, 2009. Harbor House and Proctor House, both programs of Life House, were closed on this day. This programs are no longer opperating. Each program had 5 beds, for a total of 10 beds lost.

Permanent Housing: Yes

Briefly describe the reason(s) for the change in Permanent Housing beds, if applicable (limit 750 characters):

Hearth Connection has added 47 new beds for the chronically homeless to the continuum. These beds are funded by the State of Minnesota. These beds are not listed as new in the Housing Inventory Chart because they were added to programs that have current beds. During 2009, we have worked toward a more accurrate inventory. With this work we have added other current beds that were not listed previously. 81 beds for households with children have been added from last year and 40 individual beds.

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CoC certifies that all beds for homeless persons are listed in the e-HIC regardless of HMIS participation and HUD funding: Yes

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1G. Continuum of Care (CoC) Housing Inventory Chart Attachment

Instructions:

Each CoC must complete and attach the electronic Housing Inventory Chart, or e-HIC. Using the version of the document that was sent electronically to the CoC, verify that all information is accurate and make any necessary additions or changes. Click on "Housing Inventory Chart" below to upload the document . Each CoC is responsible for reading the instructions in the e-HIC carefully.

Document Type	Required?	Document Description	Date Attached
Housing Inventory Chart	Yes	2009 e-HIC	11/23/2009

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Attachment Details

Document Description: 2009 e-HIC

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1H. Continuum of Care (CoC) Housing Inventory Chart (HIC) - Data Sources and Methods

Instructions:

Complete the following items based on data collection methods and reporting for the electronic Housing Inventory Chart (e-HIC), including Unmet need determination. The information should be based on a survey conducted in a 24-hour period during the last ten days of January 2009.

Indicate the date on which the housing inventory count was completed: (mm/dd/yyyy)

01/28/2009

Indicate the type of data or methods used to complete the housing inventory count: (select all that apply)

Housing inventory survey

Indicate the steps taken to ensure data accuracy for the Housing Inventory Chart: (select all that apply)

Follow-up, Updated prior housing inventory information

Must specify other:

Indicate the type of data or method(s) used to determine unmet need: (select all that apply)

Unsheltered count, Local studies or non-HMIS data sources, Housing inventory, Stakeholder discussion, Applied statistics

Specify "other" data types:

If more than one method was selected, describe how these methods were used together (limit 750 characters):

Duluth/St. Louis County CoC began by calculating a base line unmet need using HUD's default formula. The base line figure is adjusted based on an in-depth review of data including the following data sources. Every three years there is a state wide survey of all homeless, input from a variety of providers, and the adoption of a Housing First Philosophy focusing future development on Permanent Supportive Housing.

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2A. Homeless Management Information System (HMIS) Implementation

Intructions:

CoCs should complete the following information in conjunction with the HMIS Lead Agency. All information is to be current as of the date in which this application is submitted. For additional instructions, refer to the detailed instructions available on the left menu bar.

Select the HMIS implementation type: Statewide

Select the CoC(s) covered by the HMIS: MN-509 - Duluth/Saint Louis County CoC
(select all that apply)

Does the CoC Lead Organization have a written agreement with HMIS Lead Organization? No

If yes, the agreement (e.g., contract, Memorandum of Understanding, etc.) must be submitted with the application.

Is the HMIS Lead Organization the same as CoC Lead Organization? No

Has the CoC selected an HMIS software product? Yes

If "No" select reason:

If "Yes" list the name of the product: ServicePoint

What is the name of the HMIS software company? Bowman Systems

Does the CoC plan to change HMIS software within the next 18 months? No

Indicate the date on which HMIS data entry started (or will start): (format mm/dd/yyyy) 02/01/2004

Is this an actual or anticipated HMIS data entry start date? Actual Data Entry Start Date

Indicate the challenges and barriers impacting the HMIS implementation: (select all the apply): Other, No or low participation by non-HUD funded providers, Inadequate resources

If CoC indicated that there are no challenges or barriers impacting HMIS implementation, briefly describe either why CoC has no challenges or how all barriers have been overcome (limit 1000 characters).

If CoC identified one or more challenges or barriers impacting HMIS implementation, briefly describe how the CoC plans to overcome them (limit 1000 characters).

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Currently many organizations and funding sources are facing cut-backs in Minnesota, making it an extremely difficult time to secure additional resources. Similarly, the CoC does not have short-term plans for providing incentives for non-mandated providers to participate in HMIS although the CoC continues to encourage participation of non-mandated providers by emphasizing the importance of their participation to obtaining HUD homeless assistance dollars for our region. To address the barrier of multiple data systems, the CoC continues to support the efforts of the system administrator (Wilder Research) to implement data transfer via XML, and to support Wilder's efforts to build more reports into the HMIS, including those required by United Way and other funders.

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2B. Homeless Management Information System (HMIS) Lead Organization

Enter the name and contact information for the HMIS Lead Agency. This is the organization responsible for implementing the HMIS within a CoC. There may only be one HMIS Lead Agency per CoC.

Organization Name	Amherst H. Wilder Foundation
Street Address 1	451 Lexington Parkway North
Street Address 2	
City	Saint Paul
State	Minnesota
Zip Code **Format: xxxxx or xxxxx-xxxx**	55104
Organization Type	Non-Profit
If "Other" please specify	
Is this organization the HMIS Lead Agency in more than one CoC?	No

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2C. Homeless Management Information System (HMIS) Contact Person

Enter the name and contact information for the primary contact person at the HMIS Lead Agency.

Prefix:	Mr.
First Name	Craig
Middle Name/Initial	D
Last Name	Helmstetter
Suffix	Ph.D.
Telephone Number: (Format: 123-456-7890)	651-280-2700
Extension	
Fax Number: (Format: 123-456-7890)	651-280-3700
E-mail Address:	cdh@wilder.org
Confirm E-mail Address:	cdh@wilder.org

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2D. Homeless Management Information System (HMIS) Bed Coverage

Instructions:

HMIS bed coverage measures the level of participation in a CoC¿s HMIS. It is calculated by dividing the total number of year-round non-DV HMIS-participating beds available in the CoC by the total number of year-round non-DV beds available in the CoC. Participation in HMIS is defined as collection and reporting of client level data either through direct data entry into the HMIS or into an analytical database that includes HMIS data at least annually.

 HMIS bed coverage is calculated by dividing the total number of year-round non-DV HMIS-participating beds in each housing type by the total number of non-DV beds available in each program type. For example, the bed coverage rate for Emergency Shelters (ES) is equal to the total number of year-round, non-DV HMIS-participating ES beds divided by the total number of non-DV ES beds available in the CoC. CoCs can review or assess HMIS bed coverage by calculating their rate monthly, quarterly, semiannually, annually, or never. CoCs are considered to have low bed coverage rates if they only have a rate of 0-64% among any one of the housing types. CoCs that have a housing type with a low bed coverage rate should describe the CoCs plan to increase bed coverage in the next 12-months in the space provided.

  The 2005 Violence Against Women Act (VAWA) Reauthorization bill restricts domestic violence provider participation in HMIS unless and until HUD completes a public notice and comment process. Until the notice and comment process is completed, HUD does not require nor expect domestic violence providers to participate in HMIS. HMIS bed coverage rates are calculated excluding domestic violence provider beds from the universe of potential beds.

Indicate the HMIS bed coverage rate (%) for each housing type within the CoC. If a particular housing type does not exist anywhere within the CoC, select "Housing type does not exist in CoC" from the drop-down menu.

* Emergency Shelter (ES) Beds	76-85%
* Safe Haven (SH) Beds	No beds in CoC
* Transitional Housing (TH) Beds	86%+
* Permanent Housing (PH) Beds	86%+

How often does the CoC review or assess its HMIS bed coverage?   Annually

If bed coverage is 0-64%, describe the CoC's plan to increase this percentage during the next 12 months:

 Not applicable.

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2E. Homeless Management Information System (HMIS) Data Quality

Instructions:

Enter the percentage of missing or unknown records AND the percentage of records where the value is "refused" or unknown ("don't know") for each Universal Data Element listed below. Universal Data Elements are information fields that HUD requires all homeless service providers participating in a local HMIS to collect on all homeless clients seeking housing and/or services. They include personal identifying information as well as information on a client's demographic characteristics and recent residential history. The elements target data that are essential to the administration of local homeless assistance programs as well as obtaining an accurate picture of the extent, characteristics and the patterns of service use of the local homeless population.

Where the collection of Social Security Numbers is not authorized by law, failure to collect this data element will not competitively disadvantage an application. Additionally, in lieu of the actual SSN, the response categories of "Don't Know" and "Refused" are considered valid response categories, per the HMIS Data and Technical Standards.

For additional instructions, refer to the detailed instructions available on the left menu bar.

Indicate the percentage of unduplicated client records with null or missing values on a day during the last ten days of January 2009.

Universal Data Element	Records with no values (%)	Records where value is refused or unknown (%)
* Social Security Number	0%	23%
* Date of Birth	2%	0%
* Ethnicity	0%	0%
* Race	0%	0%
* Gender	2%	0%
* Veteran Status	0%	0%
* Disabling Condition	0%	3%
* Residence Prior to Program Entry	1%	1%
* Zip Code of Last Permanent Address	0%	11%
* Name	0%	4%

Instructions:

The Annual Homeless Assessment Report (AHAR) is a national report to Congress on the extent and nature of homelessness in America. The AHAR uses data from Homeless Management Information Systems (HMIS) to estimate the number and characteristics of people who use homeless residential services and their patterns of service use. The data collection period for AHAR 4 began on October 1, 2007 and ended on September 30, 2008. Communities must have had a minimum bed coverage rate of 65 percent throughout the entire reporting period in two or more reporting categories¿i.e., emergency shelters for individuals (ES-IND), emergency shelters for families (ES-FAM), transitional housing for individuals (TH-IND), and transitional housing for families (TH-FAM)¿to be eligible to participate in AHAR 4.

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Did the CoC or subset of CoC participate in AHAR 4?   Yes

Did the CoC or subset of CoC participate in AHAR 5?   Yes

How frequently does the CoC review the quality of client level data?   Quarterly

How frequently does the CoC review the quality of program level data?   Quarterly

Describe the process, extent of assistance, and tools used to improve data quality for agencies participating in the HMIS (limit 750 characters):

Since Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness, much of the data in the system are reviewed closely by state-funded agencies during quarterly and annual reporting periods. State funders often follow up with agencies whose reports show poor data quality. Additionally, the HMIS Lead Organization (Wilder) staffs an HMIS help desk during normal business hours. Finally, over the past year Wilder has begun using Abt Associates "bed utilization tool" designed by Abt Associates to help find inaccurate data entry and has worked with several agencies to clean up data that appeared to be of low quality.

Describe the existing policies and procedures used to ensure that valid program entry and exit dates are recorded in the HMIS (limit 750 characters):

To date nearly all participation in Minnesota's HMIS is due to funding requirements; Minnesota's HMIS is the required data reporting tool for several state funding streams related to homelessness. Proper entry and exit dates (or service start and end dates for the programs that do not require formal program entries and exits) are, therefore, ensured by the need for participating agencies to have accurate data in their required reporting. A lack of proper entry and exit dates remains for some participating agencies. Additionally, over the past year Wilder has begun using Abt Associates "bed utilization tool" to help find inaccurate data entry and has worked with several agencies to clean up bad program entry and exit data.

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2F. Homeless Management Information System (HMIS) Data Usage

Instructions:

HMIS can be used for a variety of activities. These include, but are not limited to:
- Data integration/data warehousing to generate unduplicated counts¿Involves assembling HMIS data from multiple data collection systems into a single system in order to de-duplicate client records.
- Use of HMIS for point-in-time count of sheltered persons
- Use of HMIS for point-in-time count of unsheltered persons
- Use of HMIS for performance measurement¿Using HMIS to evaluate program or system-level performance, focusing on client-level outcomes, or measurable changes in the well-being of homeless clients.
- Use of HMIS for program management¿Using HMIS data for grant administration, reporting, staff supervision, or to manage other program activities.
- Integration of HMIS data with mainstream system¿Merging HMIS data with data from other mainstream systems, such as welfare, foster care, educational, or correctional systems.

Indicate the frequency in which each of the following activities is completed:

Data integration/data warehousing to generate unduplicated counts:	Quarterly
Use of HMIS for point-in-time count of sheltered persons:	Semi-annually
Use of HMIS for point-in-time count of unsheltered persons:	Never
Use of HMIS for performance assessment:	Quarterly
Use of HMIS for program management:	Quarterly
Integration of HMIS data with mainstream system:	Never

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2G. Homeless Management Information System (HMIS) Data and Technical Standards

Instructions:

For each item, indicate whether the activity is completed monthly, quarterly (once each quarter), semiannually (two times per year), annually (every year), or never.
- Unique user name and password: CoC assesses that system user name and password protocols are followed and meet HMIS technical standards.
- Secure location for equipment: CoC manages physical access to systems with access to HMIS data in compliance with HMIS technical standards.
- Locking screen savers: CoC makes HMIS workstations and HMIS software automatically turn on password-protected screen savers when a workstation is temporarily not in use.
- Virus protection with auto update: CoC protects HMIS systems from viruses by using virus protection software that regularly updates virus definitions from the software vendor.
- Individual or network firewalls: CoC protects systems from malicious intrusion behind a secure firewall.
- Restrictions on access to HMIS via public forums: CoC allows secure connections to HMIS data only through PKI certificate or IP filtering as defined in the HMIS technical standards.
- Compliance with HMIS Policy and Procedures manual: CoC ensures HMIS users are in compliance with community-defined policies and protocols for HMIS use.
- Validation of off-site storage of HMIS data: CoC validates that off-site storage of HMIS data is secure.

Indicate the frequency in which the CoC or HMIS Lead completes a compliance assessment for each of the following HMIS privacy and security standards:

* Unique user name and password	Annually
* Secure location for equipment	Annually
* Locking screen savers	Annually
* Virus protection with auto update	Annually
* Individual or network firewalls	Annually
* Restrictions on access to HMIS via public forums	Annually
* Compliance with HMIS Policy and Procedures manual	Annually
* Validation of off-site storage of HMIS data	Annually

How often does the CoC assess compliance with HMIS Data and Technical Standards? Annually

How often does the CoC aggregate data to a central location (HMIS database or analytical database)? Quarterly

Does the CoC have an HMIS Policy and Procedures manual? Yes

If 'Yes' indicate date of last review or update by CoC: 02/01/2005

If 'No' indicate when development of manual will be completed (mm/dd/yyyy):

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2H. Homeless Management Information System (HMIS) Training

Instructions:

An important component of a functioning HMIS is providing comprehensive training to homeless assistance providers that are participating in the HMIS. In the section below, indicate the frequency in which the CoC and/or HMIS Lead Agency offers each of the following training activities:
- Privacy/Ethics training: Training to homeless assistance program staff on established community protocols for ethical collection of client data and privacy protections required to manage clients¿ PPI (protected personal information).
- Data Security training: Training to homeless assistance program staff on established community protocols for user authentication, virus protection, firewall security, disaster protection, and controlled access to HMIS.
- Using HMIS data locally: Training on use of HMIS data to understand the local extent and scope of homelessness.
- Using HMIS data for assessing program performance: Training on use of HMIS to systematically evaluate the efforts programs are making to address homelessness.
- Basic computer skills training: Training on computer foundation skills such as mouse and keyboard functions, web searching, document saving, and printing.
- HMIS software training: Training on use and functionality of HMIS software including adding new clients, updating client data, running reports, and managing client cases.

Indicate the frequency in which the CoC or HMIS Lead Agency offers each of the following training activities:

Privacy/Ethics training	Monthly
Data Security training	Monthly
Data Quality training	Monthly
Using HMIS data locally	Never
Using HMIS data for assessing program performance	Annually
Basic computer skills training	Monthly
HMIS software training	Monthly

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2I. Continuum of Care (CoC) Point-in-Time Homeless Population

Instructions:

This section must be completed using statistically reliable, unduplicated counts or estimates of homeless persons in sheltered and unsheltered locations on a single night. Because 2009 was a required point-in-time count year, CoCs were required to conduct a one day, point-in-time count during the last 10 days of January--January 22nd to 31st. Although point-in-time counts are only required every other year, HUD requests that CoCs conduct a count annually if resources allow. Data entered in this chart must reflect a point-in-time count that took place during the last 10 days of January 2009, unless a waiver was received by HUD.

 Additional instructions on conducting the point-in-time count can be found in the detailed instructions, located on the left hand menu.

Indicate the date of the most recent point-in-time count (mm/dd/yyyy): 01/28/2009

For each homeless population category, the number of households must be less than or equal to the number of persons.

Households with	Dependent Children			

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	28	61	4	93
Number of Persons (adults and children)	60	167	15	242

Households without	Dependent Children			

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Number of Households	46	46	117	209
Number of Persons (adults and unaccompanied youth)	69	60	133	262

All Households/	All Persons			

	Sheltered		Unsheltered	Total
	Emergency	Transitional		
Total Households	74	107	121	302
Total Persons	129	227	148	504

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2J. Continuum of Care (CoC) Point-in-Time Homeless Subpopulations

Instructions:

Enter the number of sheltered and unsheltered adults who belong in each subpopulation category. As in the Homeless Populations chart, this chart must be completed using statistically reliable and unduplicated counts or estimates of homeless persons based on the point-in-time count conducted during the last ten days of January 2009. Only adults should be included in the counts for this chart, except for the Unaccompanied Youth (those under age 18) category. Subpopulation data is required for sheltered persons and optional for unsheltered persons, with the exception of Chronically Homeless.

	Sheltered	Unsheltered	Total
* Chronically Homeless (Federal definition)	33	54	87
* Severely Mentally Ill	59	61	120
* Chronic Substance Abuse	59	53	112
* Veterans	5	8	13
* Persons with HIV/AIDS	1	2	3
* Victims of Domestic Violence	93	19	112
* Unaccompanied Youth (under 18)	24	10	34

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2K. Continuum of Care (CoC) Sheltered Homeless Population & Subpopulation: Point-In-Time (PIT) Count

Instructions:

CoCs are only required to conduct a one-day point-in-time count every two years (biennially) however, HUD strongly encourages CoCs to conduct an annual point-in-time count, if resources allow. Below, select the time period that corresponds with how frequently the CoC plans to conduct a point-in-time count:
- biennially (every other year);
- annually (every year);
- semi-annually (twice a year); or
- quarterly (once each quarter).
 CoCs will separately calculate and enter the percentage of emergency shelter and transitional housing providers that provided data for the Homeless Population and Subpopulation charts. For example, if 9 out of 12 transitional housing programs provided point-in-time data, enter 75%. If all providers for a program type contributed data, enter 100%.

How frequently does the CoC conduct a point-in-time count? Annually

Enter the date in which the CoC plans to conduct its next point-in-time count: (mm/dd/yyyy) 01/28/2010

Indicate the percentage of homeless service providers supplying population and subpopulation data that was collected via survey, interview, and/or HMIS.

Emergency shelter providers: 100%

Transitional housing providers: 100%

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2L. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs may use one or more methods to count sheltered homeless persons. Indicate the method(s) used to gather and calculate population data on sheltered homeless persons. Check all applicable methods:
 - Survey Providers¿Providers counted the total number of clients residing in each program on the night designated as the point-in-time count.
- HMIS¿The CoC used HMIS to complete the point-in-time sheltered count.
- Extrapolation¿The CoC used extrapolation techniques to estimate the number and characteristics of sheltered homeless persons from data gathered at emergency shelters and transitional housing programs. CoCs that use extrapolation techniques are strongly encourage to use the HUD General Extrapolation worksheet.

Indicate the method(s) used to count sheltered homeless persons during the last point-in-time count:
(Select all that apply):

Survey Providers:	X
HMIS:	X
Extrapolation:	
Other:	

If Other, specify:

Describe how the data on the sheltered homeless population, as reported on 2I, was collected and the sheltered count produced (limit 1500 characters):

Data for the sheltered homeless population count was collected using the online survey tool provided by the Department of Human Services (DHS), which is done quarterly by shelters and transitional housing. The results of the January 28, 2009 survey were compiled by DHS and sent back to the CoC coordinators to review. From there, missing agencies/organizations were identified and non-respondants were contacted for missing data. The CoC Coordinator contacted all non-responding agencies and sent any missing data to DHS to update the sheltered data table. Saint Louis County has a high participation rate for all HUD funded shelters and transitional housing units using HMIS.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered population count (limit 1500 characters):

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The total number of sheltered homeless persons has increased from 294 in 2007to 344 in 2009. There are a number of factors that our Continuum of Care to explain this increase. First, St. Louis County has experienced an increase in HMIS use from emergency and transitional shelters in the past 2 years.Also, the addition of 12 transitional/shelter beds would be an attributing factor.Each year St. Louis County Emergency assistance dollars are depleted earlier due to increased demand and a larger number of applicants meeting eligibility criteria.In both Duluth and on the Iron Range, Section 8 waiting lists continue to increase in wait time, which slows the rate in which some individuals can obtain permanent housing solutions.In Duluth, the wait for a voucher is 1 1/2 years, and in Virginia, the HRA is not currently releasing vouchers.There is also difficulty in securing other rental resources such as Bridges, Shelter Plus Care vouchers, and HOME dollars due to many of the same factors as described above for Section 8. Barriers such as criminal backgrounds, and bad credit/rental histories continue to make housing a challenge.Finally, over the past few years, it is becoming increasingly difficult for individuals/families to secure affordable housing due to mainstream resources not covering high rents.

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2M. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation Data

Instructions:

Check all methods used by the CoC to produce the sheltered subpopulations data reported in the subpopulation table.
- HMIS: The CoC used HMIS to gather subpopulation information on sheltered homeless persons without extrapolating for any missing data.
- HMIS data plus extrapolation: The CoC used HMIS data and extrapolation techniques to estimate the number and subpopulation characteristics of sheltered homeless persons in the CoC. Extrapolation techniques accounted for missing HMIS data and the CoC completed HUD¿s Extrapolation Tool.
- Sample of PIT interviews plus extrapolation: The CoC conducted interviews with a random or stratified sample of sheltered homeless adults and unaccompanied youth to gather subpopulation information. The results from the interviews were extrapolated to the entire sheltered homeless population to provide statistically reliable subpopulation estimates for all sheltered persons. CoCs that made this selection are encourage to used the applicable HUD Sample Strategy tool.
- Interviews: The CoC conducted interviews with every homeless person staying in an emergency shelter or transitional housing program on the night designated for the point-in-time count.
- Non-HMIS client level information: Providers used individual client records (e.g., case management files) to provide the CoC with subpopulation data for each adult and unaccompanied youth living in a sheltered program on the night designated for the point-in-time count.

 Additional instructions on this section can be found in the detailed instructions, located on the left hand menu. Also, for more information about any of the techniques listed above, see: ¿A Guide for Counting Sheltered Homeless People¿ at http://www.hudhre.info/documents/counting_sheltered.pdf.

Indicate the method(s) used to gather and calculate subpopulation data on sheltered homeless persons
(select all that apply):

HMIS	X
HMIS plus extrapolation:	
Sample of PIT interviews plus extrapolation:	
Sample strategy:	
Provider expertise:	X
Non-HMIS client level information:	X
None:	
Other:	

If Other, specify:

Describe how data on sheltered subpopulations, as reported on 2J, was collected and the subpopulation data produced (limit 1500 characters):

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Data for the sheltered homeless subpopulation count was collected using the online survey tool provided by the Department of Human Services (DHS), which is done quarterly by shelters and transitional housing. The results of the January 28, 2009 survey were compiled by DHS and sent back to CoC coordinators to review. From there, missing agencies/organizations were identified and non-respondents were contacted for missing data. The CoC coordinator contacted all non-responding agencies and sent any missing data to DHS to update the sheltered subpopulation data tables. Saint Louis County has 100% participation for all of our HUD funded shelters and transitional housing units using HMIS.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the sheltered subpopulations data. Response should address changes in all sheltered subpopulation data (limit 1500 characters):

There were some significant changes in the subpopulation data from 2007 to 2009. First, there has been a 50% decrease in severly mentally ill individuals. Providers in our community attribute this drop to better diagnosis and case management(particularly long-term vs. short term). Veteran numbers have decreased from 22 to 5; additional resources specifically for veterans and earlier identification of veteran status explain this dramatic drop. Numbers of victims of domestic violence have increased from 41 to 93, and substance client numbers have increased from 34 to 59 in 2009. Attributing factors include families under stress due to loss of jobs, housing and control, which can precipitate chemical use and increased abuse in some cases. Last, unaccompanied youth numbers have shown a 50% increase. Family assistance is less available along with compounding stressors and problems(many economy/employment based). In Duluth, there were 2 youth facilities that were closed, thus reducing resources for youth. In Rural St. Louis County a sharp increase in homeless youth numbers can be attributed to better identification and increased awareness of resources; homeless youth in rural areas bear different demographics and characteristics than thier urban counterparts.

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2N. Continuum of Care (CoC) Sheltered Homeless Population and Subpopulation: Data Quality

Instructions:

CoCs often undertake a variety of steps to improve the quality of the sheltered population and subpopulation data. These include, but are not limited to:
- Instructions: The CoC provided written instructions to providers to explain protocol for completing the sheltered PIT count.
- Training: The CoC trained providers on the protocol and data collection forms used to complete the sheltered PIT count.
- Remind/Follow-up: The CoC reminded providers about the count and followed up with providers to ensure the maximum possible response rate from all programs.
- HMIS: The CoC used HMIS to verify data collected from providers for the sheltered count.
- Non-HMIS De-duplication techniques: The CoC used strategies to ensure that each sheltered and unsheltered homeless person was not counted more than once during the point in time count. The non-HMIS de-duplication techniques must be explained in the box below.

 CoCs that select "Non-HMIS de-duplication techniques" must describe the techniques used. De-duplication is the process by which information on the same homeless clients within a program or across several programs is combined into unique records.

Indicate the steps used by the CoC to ensure the data quality of the sheltered persons count:
(select all that apply)

Instructions:	
Training:	X
Remind/Follow-up	X
HMIS:	
Non-HMIS de-duplication techniques:	
None:	
Other:	

If Other, specify:

Describe the non-HMIS de-duplication techniques, if selected (limit 1000 characters):

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2O. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation: Methods

Instructions:

CoCs can use a number of methodologies to count unsheltered homeless persons. These include, but are not limited to:
- Public places count: The CoC conducted a point-in-time count based on observation of unsheltered homeless persons, but without interviews.
- Public places count with interviews: The CoC conducted a point-in-time count and either interviewed all unsheltered homeless persons encountered during the public places count or a sample of these individuals.
- Service-based count: The CoC interviewed people using non-shelter services, such as soup kitchens and drop-in centers, screened for homelessness, and counted those that self-identified as unsheltered homeless persons. In order to obtain an unduplicated count, every person interviewed in a service-based count must be asked where they were sleeping on the night of the last point-in-time count.
- HMIS: The CoC used HMIS in some way to collect, analyze, or report data on unsheltered homeless persons. For example, the CoC entered respondent information into HMIS in an effort to check personal identifying information to de-duplicate and ensure persons were not counted twice.

For more information on any of these methods, see ¿A Guide to Counting Unsheltered Homeless People¿ at: http://www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the method(s) used to count unsheltered homeless persons: (select all that apply)

Public places count:	
Public places count with interviews:	X
Service-based count:	X
HMIS:	
Other:	

If Other, specify:

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2P. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Level of Coverage

Instructions:

Depending on a number of factors, the level of coverage for a count of unsheltered persons may vary from place to place. Below, indicate which level of coverage best applies to the count of unsheltered homeless persons in the CoC.

¿ Complete coverage means that every part of a specified geography, such as an entire city or a downtown area, every street is canvassed by enumerators looking for homeless people and counting anyone who is found.

¿ Known locations means counting in areas where unsheltered homeless people are known to congregate or live.

¿ A combined approach merges complete coverage with known locations by counting every block in a portion of the jurisdiction (e.g. central city) AND conducting counts in other areas of the jurisdiction where unsheltered persons are known to live or congregate.

Indicate the level of coverage of unsheltered homeless persons in the point-in-time count: Known Locations

If Other, specify:

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2Q. Continuum of Care (CoC) Unsheltered Homeless Population and Subpopulation - Data Quality

Instructions:

CoCs may undertake one or more methods to improve data quality of the unsheltered population and subpopulation data, as reported on 2I and 2J, respectively. Check all steps that the CoC has taken to ensure data quality:
- Training: The CoC conducted trainings(s) for point-in-time enumerators or CoC staff.
- HMIS: The CoC used HMIS to check for duplicate entries or for some other purpose.
- De-duplication techniques: The CoC used strategies to ensure that each unsheltered homeless person was not counted more than once during the point-in-time count.

All CoCs should have a strategy for reducing the occurrence of counting persons more than once during a point-in-time count, also known as de-duplication. De-duplication techniques should always be implemented when the point-in-time count extends beyond one night or takes place during the day at service locations used by homeless people that may or may not use shelters.

For more information on de-duplication and other techniques used to improve data quality, see ¿A Guide for Counting Unsheltered Homeless People¿ at: www.hudhre.info/documents/counting_unsheltered.pdf.

Indicate the steps used by the CoC to ensure the data quality of the unsheltered persons count.
(select all that apply)

Training:	X
HMIS:	
De-duplication techniques:	X
Other:	

If Other, specify:

Describe the techniques used by the CoC to reduce duplication, otherwise known as de-duplication (limit 1500 characters):

Saint Louis County's CoC cordinator met with outreach workers and homeless providers who would be counting unsheltered persons on January 28, 2009 to develop a coordinated plan. Prior to the count, outreach workers and homeless providers divided the community into sections and then assigned each section to a survey team. Team members asked each identified individual for his/her mothers maiden name and whether the individual had already been approached to take the survey that day. Shelter staff conducted theiur agency counts working in advance to coordinate efforts and avoid duplication. The CoC coordinator met with outside agencies to educate and explain the survey, and also followed up to collect completed surveys following the count. Survey monkey, which is an on-line survey tool, was also utilized for agencies/organizations that were comfortable entering data for their client base. In 2009, the number of agencies/organizations that participated in the point in time count in increased.

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Describe the CoCs efforts to reduce the number of unsheltered homeless household with dependent children. Discussion should include the CoCs outreach plan (limit 1500 characters):

Through our 10 year planning efforts, we are working closely with shelters where homeless households with dependant children often times enter into the system. CHUM shelter in Duluth has responded to family homelessness by developing a 4- family housing unit near the main shelter. Assessments are under development in order to identify additional need for increased family housing options. Also, a new Housing Specialist position is under development through our Prevention committee. This position will serve as an advocate for landlords in our community and work to engage local landlord associations in order to develop relationships and increase housing opportunities for homeless households. Creative incentives for housing homeless households will be explored, along with a centralized list of landlords for our harder to serve households. State prevention and homeless assistance programs are used to reduce the number of unsheltered households with children in Saint Louis County. Through this programming, providers are able to network with each other to offer homless prevention resources to families in need prior to slipping into homelessness. Last year, 882 households were served through this program in St. Louis County. Homeless Prevention/Rapid Re-Housing(HPRP) funds will also be available through our centralized intake identification process.

Describe the CoCs efforts to identify and engage persons that routinely sleep on the streets or other places not meant for human habitation (limit 1500 characters):

The Human Development Center's homeless project in Duluth has dedicated a half- time person solely for outreach to find individuals who are unsheltered and camping out. This outreach worker carries items on her person that homeless individuals may need such as dehydrated food packs, blankets and first aid kits in order to initially build trust. Rapport development takes time and is key to developing the trusting relationships needed to move this population out of homelessness. The end result would be to make referrals to local shelters or other available housing assistance programs. AEOA in Virginia has hired a homeless outreach worker specifically to engage homeless unaccompanied youth on the Iron Range. This position has incresed awareness of available resources in the homeless community. AEOA further indicated that many of the "rural" homeless are identified by other homeless individuals working with case managers. Project Homeless Connect is one other way used to identify unsheltered individuals, families, or youth in our community. Further coordinated efforts through identification of gaps in outreach in our community are under way through our Support Service commitee.

Comparing the 2009 point-in-time count to the previous point-in-time count (2008 or 2007), describe any factors that may have resulted in an increase, decline, or no change in the unsheltered population data (limit 1500 characters):

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The Point in Time unsheltered count decreased from 207 in 2007 to 148 in 2009. According to Continuum of care providers, one factor for the decline in the count from 2007 to 2009 is that the month of January is a difficult time of year to count the homeless due to frigid temperatures. On January 28th, temperatures varied in our community from 8-12 degres Celsius in the daytime hours. Most homeless folks are doubled up, or finding other temporary, often unsuitable or dangerous shelters. One other reason for the drop in numbers was the staff capacity available to cover our large geographical area in one day. Most homeless outreach staff work within agency hours and are not allowed, due to union contract, work outside of those hours. Key staff indicated that many times our unsheltered homeless will move around in the daytime hours and at night go to skywalks, heated 24 hour stores, and vacant buildings to sleep in the winter months. Others leave the area to be homeless in warmer climates, traveling by way of hitch-hiking in order to survive the cold.

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 1: Create new permanent housing beds for chronically homeless individuals.

Instructions:

Ending chronic homelessness is a HUD priority. CoCs can work towards accomplishing this by creating new beds for the chronically homeless. Describe the CoCs short-term and long-term plan for creating new permanent housing beds for the chronically homeless. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to create new permanent housing beds for the chronically homeless (limit 1000 characters)?

In the next 12 months, St. Louis County has the following permanent housing beds for the chronically homeless under development: Minnesota Assistance Council for Veterans will create 4 beds specifically for homeless veterans. Additionally, if we secure our bonus projects, there are an additional 18 units that will designated specifically for homeless individuals and families though AICHO and Range Transitional Housing. Through our 10 year planning committees we are going to explore the development of an initial assessment for all agencies to use that will further assist us in determining the need for more permanent housing beds for the chronically homeless. As St. Louis County continues to explore housing development opportunites in our community, permanent housing beds for the chronic homeless will remain a priority if rental subsidies and shelter plus care vouchers continue to be made available, which have been identified as a good fit for this population.

Describe the CoC plan for creating new permanent housing beds for the chronically homeless over the next ten years (limit 1000 characters)?

Recently, our Continuum of Care through Heading Home St. Louis County met to discuss how we will use existing data as well as community needs assessments to further determine the need for chronically homeless individuals in our community. Currently we utilize data from the state homeless survey done every 3 years, HUD's Point in time sheltered & unsheltered counts, along with community feedback to determine need. In the next few years we are going to take it a step further & develop a community needs assessment in order to reach out in our community beyond those specifically working on housing solutions for our homeless neighbors. Also, we are in the process of developing a screening intake tool for use at all homeless agencies/organizations for use at intake that will do a better job of determining the best possible housing solution for each individual based on his/her level of barriers. In the next few years, shelter plus care vouchers will be increased for this population.

How many permanent housing beds do you currently have in place for chronically homeless persons?   93

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How many permanent housing beds do you plan to create in the next 12-months? 17

How many permanent housing beds do you plan to create in the next 5-years? 25

How many permanent housing beds do you plan to create in the next 10-years? 50

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 2: Increase percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent.

Instructions:

Increasing the self-sufficiency and stability of homeless participants is an important outcome measurement of HUD's homeless assistance programs. Describe the CoCs short-term and long-term plan for increasing the percentage of homeless persons staying in permanent housing over 6 months to at least 77 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC explored the factors which cause permanent housing participants to leave their housing during the first 6 months and determined that the main reason for this disruption is inappropriate match between participant and the housing program. To improve the matching process, the development of a client driven screening/matching tool has begun. This tool will match the needs of the participant with the appropriate housing type. The CoC will be collaborating with the Ten Year Plan to develop an intake and referral system which will be inclusive of all community housing programs within the CoC. All permanent housing programs will be explored prior to placement. Housing providers will meet frequently to report unit openings and to assess potential participants as a team. With this effort, better housing matches will be made which will decrease the number of participants leaving permanent housing.

Describe the CoC's long-term plan to increase the percentage of homeless persons remaining in permanent housing for at least six months to at least 77 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The St. Louis County CoC and Heading Home St. Louis County - Ten Year Plan to End Homelessness are working together to identify need and to develop new units accordingly. As more units are developed, service providers will be able to best match the housing type with the needs of the participant. The Ten Year Plan calls for the development of 212 additional permanent units. As these units become available and the matching/assessment tool implemented the percentage of persons remaining in permanent housing for 6 months will increase.

What percentage of homeless persons in permanent housing have remained for at least six months? 77

In 12-months, what percentage of homeless persons in permanent housing will have remained for at least six months? 79

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In 5-years, what percentage of homeless persons in permanent housing will have remained for at least six months?   80

In 10-years, what percentage of homeless persons in permanent housing will have remained for at least six months?   81

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 3: Increase percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent.

Instructions:

The ultimate objective of homeless assistance is to achieve the outcome of helping homeless families and individuals obtain permanent housing and self-sufficiency. Describe the CoC's short-term and long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC explored the obstacles that prevent program participants from entering permanent housing after exiting a transitional housing program. The main barrier identified was the lack of affordable housing. During the next 12 months the CoC will focus on alleviating this barrier through collaboration with other community programs. Funding from the Homeless Prevention and Rapid re-housing Program has enabled the community to hire two Housing Specialists. These Housing Specialists will work with landlords and property management firms to provide opportunities for households with high housing barriers to secure housing. Housing Specialists will assist with making appropriate housing matches. They will also assist each of the housing programs within the CoC to locate available housing for participants who are preparing to leave transitional housing. Housing forums will also be held during the next 12 months to engage private landlords and property management firms.

Describe the CoC's long-term plan to increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 65 percent? CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The CoC will work with the ten year plan to end homelessness in the development of additional permanent housing units. The Minnesota Assistance Council for Veterans, Arrowhead Economic Opportunity and Assistance agency, the American Indian Community Housing Organization, and Range Transitional Housing are working on either the development of new permanent units or on projects that will increase the amount of leasing dollars available within the community. The work from these agencies will provide the community with 45 additional permanent housing units plus leasing dollars for 13 units. This will increase the amount of affordable units available to persons leaving transitional housing programs. The community will also be conducting a housing needs assessment to determine the quantity of permanent housing units that are in need of development and/or rehabilitation.

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What percentage of homeless persons in transitional housing have moved to permanent housing?   64

In 12-months, what percentage of homeless persons in transitional housing will have moved to permanent housing?   65

In 5-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?   68

In 10-years, what percentage of homeless persons in transitional housing will have moved to permanent housing?   70

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 4: Increase percentage of persons employed at program exit to at least 20 percent.

Instructions:

Employment is a critical step for homeless persons to achieve greater self-sufficiency, which represents an important outcome that is reflected both in participants' lives and the health of the community. Describe the CoCs short-term and long-term plans for increasing the percentage of persons employed at program exit to at least 20 percent. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to increase the percentage of persons employed at program exit to at least 20 percent? If the CoC has already reached this threshold, describe how it will be exceeded or maintained (limit 1000 characters)?

The CoC recognizes that some programs within the community work with individuals who are harder to employ than others. During the next 12 months each program will be assessed to determine the % of participants that could be employed at exit from the program. The CoC will then set individual program goals that focus on employment. The CoC collaborates with community employment programs to develop training sessions that will provide the group with additional tools to increase the employability of the participants.

Describe the CoC's long-term plan to increase the percentage of persons employed at program exit to at least 20 percent. CoCs response should include how it will continue to work towards meeting and exceeding this objective (limit 1000 characters).

The individual program employment accomplishment will be monitored through the APR for that program. The CoC, along with the advisory committee, will be assessing each program's performance and growth in this area. An ongoing community employment assessment will be conducted annually. This assessment will evaluate the trends experienced by housing providers in this area. Ongoing research into best practice techniques will be performed and shared with the CoC and the community.

What percentage of persons are employed at program exit? 17

In 12-months, what percentage of persons will be employed at program exit? 20

In 5-years, what percentage of persons will be employed at program exit? 20

In 10-years, what percentage of persons will be employed at program exit? 23

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3A. Continuum of Care (CoC) Strategic Planning Objectives

Objective 5: Decrease the number of homeless households with children.

Instructions:

Ending homelessness among households with children is a HUD priority. CoCs can work towards accomplishing this by creating beds and/or increasing supportive services for this population. Describe the CoCs short-term and long-term plans for decreasing the number of homeless households with children. For additional instructions, refer to the detailed instructions available on the left menu bar.

In the next 12-months, what steps will the CoC take to decrease the number of homeless households with children (limit 1000 characters)?

The St.Louis County Continuum of Care recongnizes the importance of decreasing the number of households with children that are homeless or at risk of homelessness. In the next 12 months, there will be 22 units under development. AICHO will be developing 20 units for households with children to access. AEOA has 2 units under development in Virginia through the new Youth Foyer project. Additionally, 1 new staff person has been hired for mortgage foreclosure prevention. The Hibbing HRA is currently in the process of pre-planning for a 27-unit housing unit housing project that could house households with children on the Iron Range where the housing market is depressed for low income families. HPRP federal dollars and state prevention dollars will also be more planful and coordinated to prevent families from becoming homeless and rapidly re-house them in the most permanent housing solution, along with direct short term assistance.

Describe the CoC's long-term plan to decrease the number of homeless households with children (limit 1000 characters)?

Prevention of homeless households with children is of high priority in our ten year planning efforts. Which include continued and more coordinated use of our existing prevention funds such as state homeless dollars and HPRP. It also includes increased marketing efforts to increase awareness of preventative resources/programs that are available to households with children. Early intervention and a centralized intake will assist our community in preventing homelessness for this population. Intensive services for those households with children leaving the shelter or transitional housing has been identified as a high need, along with improved education and employment outcomes to create self-sufficiency. A community needs assessment will be developed to generate more specific information about our families who are currently housed. Our Rapid Re-Housing committee will be looking through recent data to determine funding and housing options for identified households with children.

What is the current number of homeless households with children, as indicated on the Homeless Populations section (2I)? 93

In 12-months, what will be the total number of homeless households with children? 91

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In 5-years, what will be the total number of homeless households with children?   89

In 10-years, what will be the total number of homeless households with children?   87

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3B. Continuum of Care (CoC) Discharge Planning

Instructions:

The McKinney-Vento Act requires that State and local governments have policies and protocols developed to ensure that persons being discharged from a publicly- funded institution or system of care are not discharged immediately into homelessness. To the maximum extent practicable, Continuums of Care should similarly have in place or be developing policies and protocols to ensure that discharged persons are not released directly onto the streets or into CoC funded homeless assistance programs.   In the space provided, provide information on the policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs).   Response should address the following:

¿ What? Describe the policies that have been developed or are in the process of being developed.
¿ Where? Indicate where persons routinely go upon discharge from a publicly funded institution or system of care.
¿ Who? Identify the stakeholders or collaborating agencies.

Failure to respond to each of these questions will be considered unresponsive.

For each of the systems of care identified below, describe any policies and/or protocols that the CoC either has in place or is developing for each system of care, to ensure that persons are not routinely discharged into homelessness (this includes homeless shelters, the streets, or other homeless assistance housing programs) (limit 1500 characters).

Foster Care:

St. Louis County is approaching discharge planning in a cross-system fashion. Clients at-risk of homelessness have more similarities than differences, regardless of which public system they happen to be engaged with. Therefore, instead of developing a unique protocol for each different type of institution, age (youth vs adult) has been established as the defining factor. During the past year, a uniform protocol has been developed for use with adults.

Over the next year a uniform discharge planning protocol for youth, including those leaving foster care, will be developed by our re-configured Discharge Planning Task Force. Steps will include: determining existing mandates, analyzing current local practice, identifying gaps, researching best/evidence-based practices, protocol development, and establishing an implementation plan. Memebers will include stakeholders in youth services such as homeless youth/drop-in providers, county foster care, juvenile corrections, children's mental health, and other agencies that provide supportive services to youth.

Currently, the Minnesota Department of Human Services, through state legislation, has directed counties to develop discharge plans with all youth beginning at age 16. This is currenlty being practiced within the continuum.

Health Care:

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Our local protocol that was developed and is in a pilot phase with St. Louis County jail, initially includes the following steps: standard assessment, linkage to a Discharge Case Coordinator for those at-risk of homelessness, development of transition plan, in-reach services, pre-release benefits authorization, intense support immediately following discharge, and 9-months of post-release support. It also includes Fast Track procedures for clients with very short institutional stays.

Discharge may be to any non-shelter housing option including permanent supportive housing, market rate, board & lodge, or with relatives. Coordinators will seek the most permanent setting prior to release and maintain intense contact to prevent homeless episodes.

Though this protocol does not initially include hospitals and clinics, there is active involvement as our corrections pilot moves forward through monthly planning meetings. In the next year, this pilot will expand to include our collaborating partners participating in the development of this seamless community integration. Those partners include SOAR career solutions, CHUM shelter, NERCC and St. Louis County adult mental health to name a few. This collaborative is a sub-committee of our Ten Year Plan.

Mental Health:

In 2009, the St.Louis County board set aside special levy funding of $290,000, for a social worker to coordinate the Discharge planning pilot in St. Louis County jail, plus one other staff. Though this protocol does not initially include mental health clinics and providers, St. Louis County adult mental health case managers are actively involved in this collaborative by accepting referrals from our pilot program for individuals diagnosed with serious & persistent mental illness who need inreach, pre-release benefits, and post release support. St.Louis county is part of the discharge collaborative pilot and involved through referrals from our discharge coordinator and monthly meetings with county agencies participating in the development of this pilot project including 14 agencies and representatives from 3 key stakeholder groups: discharging entities, county service/housing providers, and local non profit agencies. This collaborative is a sub-committee of our Ten Year Plan.

Corrections:

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In 2008, in conjunction with the implementation of our Ten Year Plan, a discharge planning task force identified corrections as a priority due to high recidivism rates in our jail system. This pilot project was prompted by high numbers of inmates discharging into homelessness to our local shelters. Inmate surveys further confirmed a high number of inmates having no housing options upon release.

In 2009, the St.Louis County board set aside special levy funding of $290,000, for a social worker to coordinate the Discharge planning pilot in St. Louis County jail, plus one other staff. The pilot is 6 months into implementation and has served/referred over 65 inmates. The collaborative includes: SOAR Career Solutions, NE Corrections, St. Mary's Medical Center, St.Louis County corrections adult mental health. Monthly collaborative planning meetings further shape this process while creating a seamless entry for inmates back into our community.

The St. Louis County jail pilot protocol includes the following steps: standard assessment, linkage to a Discharge Case Coordinator for those at-risk of homelessness, development of transition plan, in-reach services, pre-release benefits authorization, intense support immediately following discharge, and 9-months of post-release support. It also includes Fast Track procedures for clients with very short institutional stays.

This collaborative is a sub-committee of our Ten Year Plan.

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3C. Continuum of Care (CoC) Coordination

Instructions:

A CoC should regularly assess the local homeless system and identify shortcomings and unmet needs. One of the keys to improving a CoC is to use long-term strategic planning to establish specific goals and then implement short-term/medium-term action steps. Because of the complexity of existing homeless systems and the need to coordinate multiple funding sources, there are often multiple long-term strategic planning groups. It is imperative for CoCs to coordinate, as appropriate, with each of these existing strategic planning groups to meet the local CoC shortcomings and unmet needs.

 New in 2009, CoCs are expected to describe the CoC's level of involvement and coordination with HUD's American Recovery and Reinvestment Act of 2009 programs, such as the Homelessness Prevention and Rapid Re-housing Program (HPRP), the Community Development Block Grant-Recovery (CDBG-R), the Tax Credit Assistance Program and the Neighborhood Stabilization Program (NSP1 or NSP2). Finally, CoCs with jurisdictions that are receiving funds through the HUD-VASH initiative should describe coordination with this program as well. CoCs that include no jurisdictions receiving funds from any one of these programs, should indicate such in the text box provided.

Does the Consolidated Plan for the jurisdiction(s) that make up the CoC include the CoC strategic plan goals for addressing homelessness?

Yes

If yes, list the goals in the CoC strategic plan that are included in the Consolidated Plan:

Preserve and expand the supply of affordable housing through new construction, rehabilitation and home ownership opportunities (specifically identifies shelter, permanent housing, supportive housing, transitional housing and supportive services for the homeless).

Expand economic opportunity through increased employment opportunities and an increased tax base (includes employment skills training).

Describe how the CoC is participating in or coordinating with the local Homeless Prevention and Rapid re-housing Program (HPRP) initiative, as indicated in the substantial amendment to the Consolidated Plan 2008 Action Plan (1500 character limit):

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St. Louis County and the City of Duluth have a strongly developed homeless prevention and assistance program that was redesigned to have strong access points in our community. New assessment coordination plans and policies have been created to match the funds with the appropriate populations. HPRP funded applicants are part of this collaboration in order to expand the number of homeless persons each agency could assist with rapid re-housing and prevention from both funding sources. In addition, Duluth and St.Louis County case managers have begun meeting to coordinate and discuss ways to better serve homeless individuals, families, and youth in our region, and to enhance the Continuum of Care process as described in Heading Home St.Louis County's ten year plan to end homelessness. More specifically, a common intake and assessment form and process are being developed that all Duluth and St.Louis County HPRP and state prevention program funds that providers will use. The goal will be to expand the use of the standardized intake and assessment to CoC providers and ESGP providers. In addition, city and county planning staff have agreed to meet monthly to establish other common procedures described in the 10 year plan that will provide better coordination between the CoC, FHPAP, ESG, and CDBG in regards to housing and services for the homelessness.

Describe how the CoC is participating in or coordinating with the local Neighborhood Stabilization Program (NSP) initiative, HUD VASH, and/or any HUD managed American Reinvestment and Recovery Act programs (2500 character limit)?

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St.Louis County coordinates with various HUD managed American Reinvestment and Recovery Act programs listed below:
Under the Neighborhood Stabilization Program(NSP), the City of Duluth participates in the CoC process by creating more affordable housing units to very low-income households. The City of Duluth is providing NSP funding to the Northern Communities Land Trust(NCLT) to acquire, rehab, and resale vacant foreclosed properties. Through this program, 25% of the units sold must be to households at or below 50% of the area median income.
FEMA dollars are used in St. Louis County through the following homeless programs: Emergency Assistance for individuals and families in St. Louis County, food for the soup kitchen and food shelves, shelter bed nights(in coordination and supplemental to state homeless prevention dollars).
VASH funds are not directly received in St. Louis County at this time. However, Minnesota Assistance Council for Veterans(MAC V), can access the vouchers through the VA medical center in Minneapolis and will send clients there when possible. In the future, Duluth may have VASH dollars through MAC V's efforts statewide.
CDBG funds are used for various programming needs for homeless individuals, families, and youth in St. Louis County, including food served at soup kitchens, shelter staff, hotel/motel costs, and mortgage foreclosure prevention. CDBG dollars are also used for service programs to supplement gaps.
ESG funds are used for utility payments for some of our transitional housing units as well as water and gas shut off prevention activities. In addition, it pays for support staff in our shelters.
All agencies/organizations that receive any of the above funds coordinate on many levels to assure that these dollars are used most efficiently and effectively to meet the needs of our ever changing homeless populations. Additionally, the agencies/organizations that receive the above stated dollars through HUD programs do sit on our Heading Home St. Louis County's 10 year planning committees, or have a city or county coordinator attending various community planning meetings. St.Louis County is the Ten Year Plan coordinator and city/county staff are on CoC committees working together to most efficiently plan and use CDBG, ESGP, and FEMA funds.

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4A. Continuum of Care (CoC) 2008 Achievements

Instructions:

For the five HUD national objectives in the 2009 CoC application, enter the 12-month numeric achievements that you provided in Exhibit 1, Part 3A of the 2008 electronic CoC application. Enter this number in the first column, "Proposed 12-Month Achievement". Under "Actual 12-Month Achievement" enter the actual numeric achievement that your CoC attained within the past 12 months that is directly related to the national objective. CoCs that did not submit an Exhibit 1 application in 2008 should answer no to the question, "Did CoC submit an Exhibit 1 application in 2008?"

Objective	Proposed 12-Month Achievement (number of beds or percentage)		Actual 12-Month Achievement (number of beds or percentage)	
Create new permanent housing beds for the chronically homeless.	121	Beds	151	Beds
Increase the percentage of homeless persons staying in permanent housing over 6 months to at least 71.5%.	75	%	77	%
Increase the percentage of homeless persons moving from transitional housing to permanent housing to at least 63.5%.	73	%	64	%
Increase percentage of homeless persons employed at exit to at least 19%	19	%	17	%
Decrease the number of homeless households with children.	72	Households	93	Households

Did CoC submit an Exhibit 1 application in 2008? Yes

For any of the HUD national objectives where the CoC did not meet the proposed 12-month achievement as indicated in 2008 Exhibit 1, provide explanation for obstacles or other challenges that prevented the CoC from meeting its goal:

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Two of the 2008 objectives were not met during the past year; employment and decreasing the number of homeless households with children. The employment goal has held steady at 17%. Persons served by the CoC's housing programs are often receiving SSI or SSDI. These participants have been deemed unable to work. Other participants find it difficult to secure employment in a distressed economy with high unemployment rates. The number of homeless households with children has also increased. The lack of affordable housing in the area is the main obstacle to housing this population. The Virginia HRA is unable to release Section 8 vouchers and the Duluth HRA Section 8 waiting list is 12 months long. Some of these households utilized HRA housing in the past and currently owe the HRA money, preventing them from being accepted now; renting units without subsidy places a cost burden on these households. Job loss, foreclosure, and high utility rates are other obstacles families are facing regionally. Rental rates are higher than the benefits received from mainstream programs. Families that are cost burdened by the housing market often find themselves precariously housed and/or doubled up.

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4B. Continuum of Care (CoC) Chronic Homeless Progress

Instructions:

HUD must track each CoCs progress toward ending chronic homelessness. A chronically homeless person is defined as an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for a year or more OR has had at least four episodes of homelessness in the past three years. To be considered chronically homeless, persons must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency shelter during that time. An episode is a separate, distinct, and sustained stay on the streets and/or in an emergency homeless shelter.

This section asks each CoC to track changes in the number of chronically homeless persons as well the number of beds available for this population. For each year, indicate the total unduplicated point-in-time count of the chronically homeless. For 2006 and 2007, this number should come from Chart K in that that year¿s Exhibit 1. The 2008 and 2009 data has automatically been pulled forward from the respective years 2I. Next, enter the total number of existing and new permanent housing beds, from all funding sources, that were/are readily available and targeted to house the chronically homeless for each year listed.

CoCs must also identify the cost of new permanent housing beds for the chronically homeless. The information in this section can come from point-in-time data and the CoCs housing inventory.

Indicate the total number of chronically homeless persons and total number of permanent housing beds designated for the chronically homeless persons in the CoC for 2007, 2008, and 2009.

Year	Number of CH Persons	Number of PH beds for the CH
2007	81	31
2008	105	93
2009	87	151

Indicate the number of new permanent housing beds in place and made available for occupancy for the chronically homeless between February 1, 2008 and January 31, 2009.   47

Identify the amount of funds from each funding source for the development and operations costs of the new permanent housing beds designated for the chronically homeless, that were created between February 1, 2008 and January 31, 2009.

Cost Type	HUD McKinney-Vento	Other Federal	State	Local	Private
Development	$0	$0	$0	$0	$0
Operations	$0	$0	$282,000	$0	$0
Total	$0	$0	$282,000	$0	$0

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If the number of chronically homeless persons increased or if the number of permanent beds designated for the chronically homeless decreased, please explain (limit 750 characters):

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4C. Continuum of Care (CoC) Housing Performance

Instructions:

In this section, CoCs will provide information from the recently submitted APR for all projects within the CoC, not just those being renewed in 2009.

HUD will be assessing the percentage of all participants who remain in S+C or SHP permanent housing (PH) for more than six months. SHP permanent housing projects include only those projects designated as SH-PH. Safe Havens are not considered permanent housing. Complete the following table using data based on the most recently submitted APR for Question 12(a) and 12(b) for all permanent housing projects within the CoC.

Does CoC have permanent housing projects for which an APR should have been submitted? Yes

Participants in Permanent Housing (PH)	
a. Number of participants who exited permanent housing project(s)	83
b. Number of participants who did not leave the project(s)	189
c. Number of participants who exited after staying 6 months or longer	54
d. Number of participants who did not exit after staying 6 months or longer	156
e. Number of participants who did not exit and were enrolled for less than 6 months	34
TOTAL PH (%)	77

Instructions:

HUD will be assessing the percentage of all transitonal housing (TH) participants who moved to a PH situation. TH projects only include those projects identified as SH-TH. Safe Havens are not considered transitional housing. Complete the following table using data based on the most recently submitted APR for Question 14 for all transitional housing projects within the CoC.

Does CoC have any transitional housing programs for which an APR should have been submitted? Yes

Participants in Transitional Housing (TH)	
a. Number of participants who exited TH project(s), including unknown destination	160
b. Number of participants who moved to PH	103
TOTAL TH (%)	64

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4D. Continuum of Care (CoC) Enrollment in Mainstream Programs and Employment Information

Instructions:

HUD will be assessing the percentage of clients in all of your existing projects who gained access to mainstream services, especially those who gained employment. This includes all S+C renewals and all SHP renewals, excluding HMIS projects. Complete the following charts based on responses to APR Question 11 for all projects within the CoC.

Total Number of Exiting Adults: 1,012

Mainstream Program	Number of Exiting Adults	Exit Percentage (Auto-calculated)	
SSI	222	22	%
SSDI	72	7	%
Social Security	11	1	%
General Public Assistance	119	12	%
TANF	57	6	%
SCHIP	9	1	%
Veterans Benefits	10	1	%
Employment Income	177	17	%
Unemployment Benefits	4	0	%
Veterans Health Care	1	0	%
Medicaid	190	19	%
Food Stamps	196	19	%
Other (Please specify below)	99	10	%
Medicare 1, Minnesota Supplemental Assistance 4, Child Support 15, Tribal Payments 3, Medicare 1, Unknown 74, 2 Group Residential Housing			
No Financial Resources	328	32	%

The percentage values will be calculated by the system when you click the "save" button.

Does CoC have projects for which an APR should have been submitted? Yes

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4E. Continuum of Care (CoC) Participation in Energy Star and Section 3 Employment Policy

Instructions:

HUD promotes energy-efficient housing. All McKinney-Vento funded projects are encouraged to purchase and use Energy Star labeled products. For information on Energy Star initiative go to: http://www.energystar.gov

A "Section 3 business concern" is one in which: 51% or more of the owners are section 3 residents of the area of service; or at least 30% of its permanent full-time employees are currently section 3 residents of the area of service, or within three years of their date of hire with the business concern were section 3 residents; or evidence of a commitment to subcontract greater than 25% of the dollar award of all subcontracts to businesses that meet the qualifications in the above categories is provided. The "Section 3 clause" can be found at 24 CFR Part 135.

Has the CoC notified its members of the Energy Star Initiative? Yes

Are any projects within the CoC requesting funds for housing rehabilitation or new construction? No

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4F. Continuum of Care (CoC) Enrollment and Participation in Mainstream Programs

It is fundamental that each CoC systematically help homeless persons to identify, apply for, and follow-up to receive benefits under SSI, SSDI, TANF, Medicaid, Food Stamps, SCHIP, WIA, and Veterans Health Care as well as any other State or Local program that may be applicable.

Does the CoC systematically analyze its projects APRs in order to improve access to mainstream programs?   Yes

If 'Yes', describe the process and the frequency that it occurs.

The Committee to End Homelessness (CEH) is the advisory board for the St. Louis County's Continuum of Care. This group met monthly on the following dates: 10/14/08, 11/11/08, 12/16/08, 1/13/09, 2/10/09, 3/10/09, 4/14/09, 5/28/09, 6/25/09, 7/23/09, 8/27/09, 9/24/09, 10/29/09. The CEH is charged with evaluating program performance through monthly presentations, which gives a snapshot of how the projects are performing using their most recent APR. The CEH members have been working closely with our providers for approximately 3 years and are fully aware of projects that work with St. Louis County's hardest to serve clientele. Outcome plans are then developed with projects that are having difficulty meeting performance standards. The Implementation Team and the CEH have changed their monthly meeting dates/times to the same date in order to align the two groups and to work more closely together on our ten year planning efforts.

Does the CoC have an active planning committee that meets at least 3 times per year to improve CoC-wide participation in mainstream programs?   Yes

If "Yes", indicate all meeting dates in the past 12 months.

Heading Home St. Louis County's Support Service Committee. Meeting dates for the past 12 months were: 10/08/08; 11/13/08; 12/10/08; 01/14/09; 02/11/09; 03/11/09; 04/08/09; 05/13/09; 06/10/09; 07/08/09; 08/12/09; 09/09/09; 10/14/09. The Affordable Housing Coalition in Duluth, and the Fair & Rural Housing Coalition in Virginia, meets monthly to discuss changes in mainstream programs, program funds, and access/barriers to mainstream programs. Meeting dates for the last 12 months were: 10/28/08, 11/25/08, 11/25/08, 12/23/08, 1/27/09, 2/24/09, 3/24/09, 4/28/09, 5/26/09, 6/23/09, 7/28/09, 8/25/09, 9/22/09, 10/27/09.

Does the CoC coordinate with the State Interagency Council on Homelessness to reduce or remove barriers to accessing mainstream services?   Yes

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Does the CoC and/or its providers have specialized staff whose primary responsibility is to identify, enroll, and follow-up with homeless persons on participation in mainstream programs? Yes

If yes, identify these staff members Both

Does the CoC systematically provide training on how to identify eligibility and program changes for mainstream programs to provider staff. Yes

If "Yes", specify the frequency of the training. Monthly or more

Does the CoC use HMIS as a way to screen for mainstream benefit eligibility? Yes

If "Yes", indicate for which mainstream programs HMIS completes screening.

Social Security Income (SSI)
Social Security Disability Income (SSDI)
Veterans benefits
Minnesota Family Investment Program (MFIP)
General Assistance (GA)
Emergency Assistance (EA)
Medical Assistance (MA)
Food stamps
Developmental Disabilities
Work Force

Has the CoC participated in SOAR training? Yes

If "Yes", indicate training date(s).

January 22, 2008; March 19, 2009; May 5, 2008; November 18, 2008

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4G: Homeless Assistance Providers Enrollment and Participation in Mainstream Programs

Indicate the percentage of homeless assistance providers that are implementing the following activities:

Activity	Percentage
1. Case managers systematically assist clients in completing applications for mainstream benefits. **1a. Describe how service is generally provided:**	100%
Upon referral, all clients are initially evaluated to assess their needs, as well as any possible eligibility for mainstream benefits. From there, case managers work directly with clients, if needed, to apply for appropriate programs. Some ways in which this is accomplished include setting up and/or accompanying clients to appointments, assistance with completion of paperwork, gathering needed verifications, turning in required paperwork, and follow up appointments. Many agencies keep copies of all correspondance, as well as having clients sign a release of information in order to allow exchange of necessary information among agencies to ensure follow through with necessary appointments and paperwork. In all cases, the actions are documented in individual case files and service contracts are recorded in the Housing Management Information System (HMIS).	

Activity	Percentage
2. Homeless assistance providers supply transportation assistance to clients to attend mainstream benefit appointments, employment training, or jobs.	100%

Activity	Percentage
3. Homeless assistance providers use a single application form for four or more mainstream programs: **3.a Indicate for which mainstream programs the form applies:**	100%
Mainstream programs that this form applies include the following: Medical Assistance, Food Support, Minnesota Family Investment Program (MFIP), Temporary Assistance for Needy Families (TANF), General Assistance (GA), Emergency Assistance (EA) and Minnesota Care.	

Activity	Percentage
4. Homeless assistance providers have staff systematically follow-up to ensure mainstream benefits are received.	100%
4a. Describe the follow-up process:	
All programs in St. Louis County include a follow up component. This generally starts at the time of referral with a Release of Information (ROI) in order to develop and establish communication with other service providers involved with their client. Many of our providers follow up with their clients for 6 to 12 months following services to assure that they remain in permanent housing and maintain their benefits. This allows open communication and collaboration as well as assisting providers in verifying that their clients are participating with the program and to assure the necessary paperwork/information has been provided to obtain services. Case managers also follow up with clients regarding the progress toward their goals.	

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Questionnaire for HUD's Initiative on Removal of Regulatory Barriers (HUD 27300)

Complete Part A if the CoC Lead Agency is a local jurisdiction (a county exercising land use and building regulatory authority and another applicant type applying for projects located in such jurisdiction or county (collectively or jurisdiction).

Complete Part B if the CoC Lead Agency is a State agency, department, or other applicant for projects located in unincorporated areas or areas otherwise not covered in Part A.

Indicate the section applicable to the CoC Lead Agency: Part A

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Part A - Questionnaire for HUD's Initiative on Removal of Regulatory Barriers

Part A. Local Jurisdictions. Counties Exercising Land Use and Building Regulatory Authority and Other Applicants Applying for Projects Located in such Jurisdictions or Counties [Collectively, Jurisdiction]

*1. Does your jurisdiction's comprehensive plan (or in the case of a tribe or TDHE, a local Indian Housing Plan) include a "housing element"? **A local comprehensive plan means the adopted official statement of a legislative body of a local government that sets forth (in words, maps, illustrations, and/or tables) goals, policies, and guidelines intended to direct the present and future physical, social, and economic development that occurs within its planning jurisdiction and that includes a unified physical plan for the public development of land and water. If your jurisdiction does not have a local comprehensive plan with a housing element, please select No. If you select No, skip to question # 4.**	Yes
2. If your jurisdiction has a comprehensive plan with a housing element, does the plan provide estimates of current and anticipated housing needs, taking into account the anticipated growth of the region, for existing and future residents, including low, moderate and middle income families, for at least the next five years?	Yes
3. Does your zoning ordinance and map, development and subdivision regulations or other land use controls conform to the jurisdiction's comprehensive plan regarding housing needs by providing: a)sufficient land use and density categories (multi-family housing, duplexes, small lot homes and other similar elements); and, b) sufficient land zoned or mapped "as of right" in these categories, that can permit the building of affordable housing addressing the needs identified in the plan? **(For purposes of this notice, "as-of-right" as applied to zoning, means uses and development standards that are determined in advance and specifically authorized by the zoning ordinance. The ordinance is largely self-enforcing because little or no discretion occurs in its administration). If the jurisdiction has chosen not to have either zoning, or other development controls that have varying standards based upon districts or zones, the applicant may also enter yes.**	Yes
4. Does your jurisdiction's zoning ordinance set minimum building size requirements that exceed the local housing or health code or that are otherwise not based upon explicit health standards?	No
*5. If your jurisdiction has development impact fees, are the fees specified and calculated under local or state statutory criteria? **If no, skip to question #7. Alternatively, if your jurisdiction does not have impact fees, you may select Yes.**	Yes
6. If yes to question #5, does the statute provide criteria that sets standards for the allowable type of capital investments that have a direct relationship between the fee and the development (nexus), and a method for fee calculation?	Yes

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Part A - Page 2

*7. If your jurisdiction has impact or other significant fees, does the jurisdiction provide waivers of these fees for affordable housing?	No
*8. Has your jurisdiction adopted specific building code language regarding housing rehabilitation that encourages such rehabilitation through gradated regulatory requirements applicable as different levels of work are performed in existing buildings? **Such code language increases regulatory requirements (the additional improvements required as a matter of regulatory policy) in proportion to the extent of rehabilitation that an owner/developer chooses to do on a voluntary basis. For further information see HUD publication: Smart Codes in Your Community: A Guide to Building Rehabilitation Codes (http://www.huduser.org/publications/destech/smartcodes.html.)**	Yes
*9. Does your jurisdiction use a recent version (i.e. published within the last 5 years or, if no recent version has been published, the last version published) of one of the nationally recognized model building codes (i.e. the International Code Council (ICC), the Building Officials and Code Administrators International (BOCA), the Southern Building Code Congress International (SBCI), the International Conference of Building Officials (ICBO), the National Fire Protection Association (NFPA)) without significant technical amendment or modification. **In the case of a tribe or TDHE, has a recent version of one of the model building codes as described above been adopted or, alternatively, has the tribe or TDHE adopted a building code that is substantially equivalent to one or more of the recognized model building codes?**	Yes
Alternatively, if a significant technical amendment has been made to the above model codes, can the jurisdiction supply supporting data that the amendments do not negatively impact affordability.	
*10. Does your jurisdiction's zoning ordinance or land use regulations permit manufactured (HUD-Code) housing "as of right" in all residential districts and zoning classifications in which similar site-built housing is permitted, subject to design, density, building size, foundation requirements, and other similar requirements applicable to other housing that will be deemed realty, irrespective of the method of production?	Yes
*11. Within the past five years, has a jurisdiction official (i.e., chief executive, mayor, county chairman, city manager, administrator, or a tribally recognized official, etc.), the local legislative body, or planning commission, directly, or in partnership with major private or public stakeholders, convened or funded comprehensive studies, commissions, or hearings, or has the jurisdiction established a formal ongoing process, to review the rules, regulations, development standards, and processes of the jurisdiction to assess their impact on the supply of affordable housing?	No
*12. Within the past five years, has the jurisdiction initiated major regulatory reforms either as a result of the above study or as a result of information identified in the barrier component of the jurisdiction's "HUD Consolidated Plan?" If yes, briefly describe. (Limit 2,000 characters.)	No
*13. Within the past five years has your jurisdiction modified infrastructure standards and/or authorized the use of new infrastructure technologies (e.g. water, sewer, street width) to significantly reduce the cost of housing?	No

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Part A - Page 3

*14. Does your jurisdiction give "as-of-right" density bonuses sufficient to offset the cost of building below market units as an incentive for any market rate residential development that includes a portion of affordable housing? **(As applied to density bonuses, "as of right" means a density bonus granted for a fixed percentage or number of additional market rate dwelling units in exchange for the provision of a fixed number or percentage of affordable dwelling units and without the use of discretion in determining the number of additional market rate units.)**	No
*15. Has your jurisdiction established a single, consolidated permit application process for housing development that includes building, zoning, engineering, environmental, and related permits? **Alternatively, does your jurisdiction conduct concurrent, not sequential, reviews for all required permits and approvals?**	No
*16. Does your jurisdiction provide for expedited or "fast track" permitting and approvals for all affordable housing projects in your community?	No
*17. Has your jurisdiction established time limits for government review and approval or disapproval of development permits in which failure to act, after the application is deemed complete, by the government within the designated time period, results in automatic approval?	Yes
*18. Does your jurisdiction allow "accessory apartments" either as: a) a special exception or conditional use in all single-family residential zones or, b) "as of right" in a majority of residential districts otherwise zoned for single-family housing?	Yes
*19. Does your jurisdiction have an explicit policy that adjusts or waives existing parking requirements for all affordable housing developments?	No
*20. Does your jurisdiction require affordable housing projects to undergo public review or special hearings when the project is otherwise in full compliance with the zoning ordinance and other development regulations?	No

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Continuum of Care (CoC) Project Listing

Instructions:

To upload all Exhibit 2 applications that have been submitted to this CoC, click on the "Update List" button. This process may take several hours depending on the size of the CoC, however the CoC can either work on other parts of Exhibit 1 or it can log out of e-snaps and come back later to view the updated list. To rank a project, click on the icon next to each project to view project details.

For additional instructions, refer to the 2008 Project Listing Instructions on the left-hand menu bar.

EX1_Project_List_Status_field List Updated Successfully

Project Name	Date Submitted	Grant Term	Applicant Name	Budget Amount	Proj Type	Prog Type	Comp Type	Rank
Alicia's Place /N...	2009-11-17 11:56:...	1 Year	HUMAN DEVELOP MENT...	73,416	Renewal Project	SHP	SSO	F
Lake Place	2009-11-17 15:14:...	1 Year	The Salvation Army	48,859	Renewal Project	SHP	TH	F
Permanent Housing...	2009-11-17 15:00:...	1 Year	Range Transitiona...	133,317	Renewal Project	SHP	PH	F
Homeless Youth Ou...	2009-11-18 19:51:...	1 Year	Range Mental Heal...	38,638	Renewal Project	SHP	TH	F
House of the Phoenix	2009-11-19 10:19:...	1 Year	Life House, Inc	49,260	Renewal Project	SHP	PH	F
YWCASpir it Valley	2009-11-17 15:09:...	1 Year	Young Women's Chr...	16,275	Renewal Project	SHP	PH	F
Hibbing Transitio...	2009-11-17 14:58:...	1 Year	Range Transitiona...	91,432	Renewal Project	SHP	TH	F
Bill's House	2009-11-18 18:09:...	1 Year	Arrowhead Economi...	51,143	Renewal Project	SHP	TH	F
Renaissan ce Trans...	2009-11-20 17:14:...	1 Year	Lutheran Social S...	47,184	Renewal Project	SHP	TH	F
Shelter Plus Care...	2009-11-18 18:44:...	1 Year	Virginia HRA	232,320	Renewal Project	S+C	TRA	U
Shelter Plus Care...	2009-11-06 14:00:...	1 Year	Housing and Redev...	97,560	Renewal Project	S+C	TRA	U
MACV - Duluth	2009-11-20 16:16:...	1 Year	Minnesota Assista...	26,602	Renewal Project	SHP	SSO	F

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Oshki Follow-Up P...	2009-11-19 11:34:...	1 Year	American Indian C...	20,483	Renewal Project	SHP	SSO	F
Catherine Booth R...	2009-11-17 14:46:...	1 Year	The Salvation Army	72,958	Renewal Project	SHP	TH	F
HMIS St. Louis	2009-11-16 10:58:...	1 Year	Amherst H. Wilder...	32,510	Renewal Project	SHP	HMIS	F
Gimaajii Mino Bim...	2009-11-23 13:16:...	2 Years	American Indian C...	126,073	New Project	SHP	PH	P2
Supportive Housin...	2009-11-13 14:00:...	1 Year	Women's Transitio...	86,093	Renewal Project	SHP	TH	F
Oshki Odaadiziwin...	2009-11-19 11:46:...	1 Year	American Indian C...	39,157	Renewal Project	SHP	TH	F
Homeless Project ...	2009-11-17 12:02:...	1 Year	HUMAN DEVELOPMENT...	74,263	Renewal Project	SHP	SSO	F
Youth Foyer Opera...	2009-11-18 17:03:...	2 Years	Arrowhead Economi...	107,105	New Project	SHP	PH	F3
Weekend Activitie...	2009-11-19 10:26:...	1 Year	Life House, Inc	19,011	Renewal Project	SHP	TH	F
Homeless Adult Ou...	2009-11-18 19:31:...	1 Year	Range Mental Heal...	41,312	Renewal Project	SHP	SSO	F
Supportive Housin...	2009-11-13 13:56:...	1 Year	Women's Transitio...	39,921	Renewal Project	SHP	PH	F
SAFAH	2009-11-13 13:47:...	1 Year	Women's Transitio...	56,907	Renewal Project	SHP	SSO	F
Housing Services ...	2009-11-17 15:03:...	1 Year	The Salvation Army	182,959	Renewal Project	SHP	SSO	F
Permanent Housing...	2009-11-17 15:05:...	2 Years	Range Transitiona...	141,000	New Project	SHP	PH	P1
The New San Marco	2009-11-18 10:02:...	1 Year	center city housing	61,733	Renewal Project	SHP	PH	F
Guarantee Loan Pr...	2009-11-17 14:54:...	1 Year	The Salvation Army	150,618	Renewal Project	SHP	SSO	F
Permanent Housing...	2009-11-17 15:02:...	1 Year	Range Transitiona...	236,828	Renewal Project	SHP	PH	F

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Budget Summary

FPRN	$1,797,984
Permanent Housing Bonus	$267,073
SPC Renewal	$329,880
Rejected	$0

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Attachments

Document Type	Required?	Document Description	Date Attached
Certification of Consistency with the Consolidated Plan	Yes	2009 Consistency ...	11/23/2009

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Attachment Details

Document Description: 2009 Consistency Cert City-County

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